

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence additional indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDREST Control of the current correspondence address."	
maintenance fee notifications.	where ress as SS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailing Fee(s) Transmittal. This certificate cannot be used for any other accompapers. Each additional paper, such as an assignment or formal drawing have its own certificate of mailing or transmission.	panying
BIRCH STEWART KOLASCH & BIRCH, OLF PO BOX 747 FALLS CHURCH, VA 22040-0747 6/01/2005 MBEYENE2 00000195 10619590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an eaddressed to the Mail Stop ISSUE FEE address above, or being for transmitted to the USPTO (703) 746-4000, on the date indicated below	United nvelope csimile
(Deposite	r's name)
	ignature)
FC:8001 12.00 OP	(Date)
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION	NO.
10/619,590 07/16/2003 Roy Beck 4425-0103P 7445	
·	
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE	
nonprovisional YES \$700 \$300 \$1000 06/01/2005	
EXAMINER ART UNIT CLASS-SUBCLASS	
SCHWARTZ, CHRISTOPHER P 3683 188-382000	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the pages of up to 3 registered patent attorneys 1. BIRCH, STEWART,	KOLAS
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	led for
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gove the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.	rnment
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "See Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "See Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "See Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is registered attorney or agents and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "See Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 isseed, no name will be printed. "See Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. "See Indication or other printed "See Indication form Patent "See Indication for upon pa	rnment

Authorized Signature Joe M. Muncy Date May 31, 2005

Registration No. 32,334

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.